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**CONFIRMATION NO. 6013**

<b>SERIAL NUMBER</b> 10/531,750	<b>FILING OR 371(c) DATE</b> 09/02/2005  <b>RULE</b>	<b>CLASS</b> <del>504</del> 508	<b>GROUP ART UNIT</b> <del>1616</del> 1621	<b>ATTORNEY DOCKET NO.</b> CS8497/LeA 36232					
<b>APPLICANTS</b> Reiner Fischer, Monheim, GERMANY; Stefan Hillebrand, Neuss, GERMANY; Axel Trautwein, Bergisch, GERMANY; Astrid Ullmann, Koln, GERMANY; Mark Wilhelm Drewes, Langenfeld, GERMANY; Dieter Feucht, Eschborn, GERMANY; Jorg Konze, Koln, GERMANY; Karl-Heinz Kuck, Langenfeld, GERMANY; Ulrike Wachendorff-Neumann, Neuwied, GERMANY;									
<b>** CONTINUING DATA *****</b> <span style="float: right;">(S)</span> This application is a 371 of PCT/EP03/11148 10/09/2003									
<b>** FOREIGN APPLICATIONS *****</b> <span style="float: right;">(S)</span> GERMANY 102 49 055.4 10/22/2002									
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 45%; border-bottom: 1px solid black; vertical-align: bottom;">           Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no            35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after            met            Verified and Acknowledged <span style="float: right;">(S)</span>  <div style="display: flex; justify-content: space-between;"> <div style="border-bottom: 1px solid black; width: 60%;">             Allowance  <i>S. W. H. H. H.</i>              Examiner's Signature           </div> <div style="border-bottom: 1px solid black; width: 35%;">             Initials           </div> </div> </td> <td style="width: 15%; text-align: center; vertical-align: middle;"> <b>STATE OR COUNTRY</b>            GERMANY         </td> <td style="width: 15%; text-align: center; vertical-align: middle;"> <b>SHEETS DRAWING</b> </td> <td style="width: 15%; text-align: center; vertical-align: middle;"> <b>TOTAL CLAIMS</b>            12         </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <b>INDEPENDENT CLAIMS</b>            1         </td> </tr> </table>					Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <span style="float: right;">(S)</span> <div style="display: flex; justify-content: space-between;"> <div style="border-bottom: 1px solid black; width: 60%;">             Allowance  <i>S. W. H. H. H.</i>              Examiner's Signature           </div> <div style="border-bottom: 1px solid black; width: 35%;">             Initials           </div> </div>	<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWING</b>	<b>TOTAL CLAIMS</b> 12	<b>INDEPENDENT CLAIMS</b> 1
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<b>ADDRESS</b> 34469									
<b>TITLE</b> 2-Phenyl-2-substituted-1,3-diketones									
<b>FILING FEE RECEIVED</b> 1280	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/> All Fees</td></tr> <tr><td><input type="checkbox"/> 1.16 Fees ( Filing )</td></tr> <tr><td><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )</td></tr> <tr><td><input type="checkbox"/> 1.18 Fees ( Issue )</td></tr> <tr><td><input type="checkbox"/> Other _____</td></tr> <tr><td><input type="checkbox"/> Credit</td></tr> </table>	<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees ( Filing )	<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )	<input type="checkbox"/> 1.18 Fees ( Issue )	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit	
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